

**MERCER COUNTY DEPARTMENT OF HUMAN SERVICES  
CONTRACT REPORT**

**Agency:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Client Eligibility Definition:** \_\_\_\_\_

**Report Prepared By:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Period Covered:** \_\_\_\_\_ through \_\_\_\_\_

**UNDUPLICATED CLIENT COUNT**

1) Clients Enrolled Beginning of Period:	_____
2) Clients Admitted During Period +	_____
3) Clients Terminated During Period -	_____
4) Clients Enrolled at End of Period =	_____ -

**SERVICE UNITS**

Definition of Service Unit as Specified in Contract:

1) Service Unit: \_\_\_\_\_

Units Delivered this period: \_\_\_\_\_ Units Delivered YTD: \_\_\_\_\_

Contracted Annual Units Due: \_\_\_\_\_

2) Service Unit: \_\_\_\_\_

Units Delivered this period: \_\_\_\_\_ Units Delivered YTD: \_\_\_\_\_

Contracted Annual Units Due: \_\_\_\_\_

3) Service Unit: \_\_\_\_\_

Units Delivered this period: \_\_\_\_\_ Units Delivered YTD: \_\_\_\_\_

Contracted Annual Units Due: \_\_\_\_\_

4) Service Unit: \_\_\_\_\_

Units Delivered this period: \_\_\_\_\_ Units Delivered YTD: \_\_\_\_\_

Contracted Annual Units Due: \_\_\_\_\_

*(if there are more than four types of service units, attach additional forms)*

**FISCAL:**

On the following date(s): \_\_\_\_\_

this agency received check(s) in the amount(s) of: \_\_\_\_\_

which I hereby certify was/were spent in accordance with the budget as submitted within the contract that was executed under Resolution Number: \_\_\_\_\_

\_\_\_\_\_  
**Executive Director, Signature and Date**

\_\_\_\_\_  
**Fiscal Officer, Signature and Date**